

HAZMAT FOR HEALTH CARE AND INFRASTRUCTURE WORKERS

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Through this breakout session, the discussion centered on improving the training of “first receivers” in the health care industry and identifying unique training needs of the diverse population of infrastructure workers. The session began by dividing the group into teams; each team was tasked with defining first responders by job classification. The groups outlined the following workers as first receiver: Administrative personnel, EVS, Transportation, Construction, Service workers, School, funeral, medical examiner- coroner, Nurses, Security guards, EVS Lab, Telecommunications, Veterinarians, Transportation- bus, metro, Sanitation, WTP, State employees- health and environment, Infrastructure, Phone, utility, Volunteers, red cross, Transportation, Construction Workers, Funeral directors- coroner- medical examiner, Nursing Staff, EVS, Telecommunications, Security, Laboratory, Sanitation Workers, Distribution of water WTP, Local state employees related to health environment, Utility workers/phone, Pipe fitters/steamfitters, Volunteers- Red Cross, Fence line communities, Lab, Veterinarians, and Transportation- bus, metro.

Following this, the groups analyzed the training available to these different job categories and defined shortfalls and potential solutions. The teams presented the following information. For hospitals, while information is made available there is no training. The trainings hospital personnel receive are mostly in the form of mock incidents with very little health and safety components. In addition, the majority of training revolves around biohazards. The decentralized nature of hospitals is also a barrier to training. Most training focuses on the issue of surge capacity (how to deal with an overflow of patients) and is patient driven not employee focused. All training is crisis driven. Another challenge is that the state of health care is at capacity. For solutions the team felt that there is a lot to be learned from the AIDS and SARS epidemic in terms of training and safety issues. In addition, it may require regulatory requirements.

Administration personnel fit into the category of “first receivers” instead of first responders since they do not currently receive any health and safety training when it comes to emergency response, but they will be the first to come into contact with the casualties of such attacks. The team felt that the training for this population of workers should be basic because this population does not have deep understanding of the technical issues. It should also integrate an emergency response from the community level. It would be useful to create a “Community Emergency Response Team” or *CERT*.

Sanitation worker training should start at an early stage, PK-12. In addition, it would be important to add components of the training to apprenticeship programs. The main challenge with such a training program would be a funding source. The group suggested making it expensive for people to not have the training by tying it to their insurance rates. In order to train workers in the infrastructure category, schools should do the training. The group explained that even the Red Cross BBP Training requires no training outside of learning CPR.

In conclusion, Paul Penn discussed the importance of setting up an incident command system and practicing it. He recommend that people plan their company picnic using this system because if people know it well and practice it, the practice of it will come more naturally.